



Michael J. Henry  
Director of Personnel

# LOS ANGELES COUNTY TRAINING ACADEMY

DEPARTMENT OF HUMAN RESOURCES  
ORGANIZATIONAL AND EMPLOYEE DEVELOPMENT DIVISION

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*To enrich lives through effective and caring service*

July 3, 2003

To: Department Heads

From: Michael J. Henry  
Director of Personnel

Subject: **NOMINATION PROCESS FOR LOS ANGELES COUNTY TRAINING  
ACADEMY PROGRAMS FALL 2003**

It is time again to select eligible employees from your department to participate in Academy courses for the Fall 2003. Enclosed is a list of your employees who are eligible to participate in the various programs, the number of training slots available to your department, and the number of alternates you can select. The following schedules show tentative start dates for each class. Please complete the nomination forms and return to the Department of Human Resources (DHR) by **Monday, August 11, 2003**.

## **Leadership Essentials: Division Chief Certificate Program: 100-hour**

Location	Tentative Program Dates	Days/Time
California State University, Los Angeles	Sept. 9 – Dec. 18, 2003	Up to 17 weeks T, Th 4-8 p.m. 2 - 3 Saturdays

## **Section Head Certificate Program: Managing Today: A Skills Approach 100-hour**

Location	Tentative Program Dates	Days/Time
California State University, Dominguez Hills	Sept. 8– Dec. 17, 2003	Up to 17 weeks M, W 4-8 p.m. 2 - 3 Saturdays

## **Fundamentals of Fiscal Operations: 52-hour**

Location	Tentative Program Dates	Days/Time
California State University, Los Angeles	Sept. 25 – Dec. 18, 2003	Up to 13 weeks Th 8:30 a.m. – 12:30 p.m. 2 - 3 Saturdays

## **CERTIFICATE AND CREDIT**

Participants who successfully complete the *Division Chief*, *Section Head* or *Contracting Management* certificate programs will be eligible for Continuing Education Units (CEU's) and will receive a Certificate of Completion from the California State University and the Director of Personnel.

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Participants who successfully complete the *Fiscal Operations* program will receive a Certificate of Completion from the Los Angeles County Training Academy.

#### **NOMINATION OF PARTICIPANTS**

Please nominate employees as listed on the application. Those not selected will be placed on a waiting list for future sessions. In making your nominations, please consider the following:

**Performance:** All participants must be performing at a competent level or higher.

- Management Appraisal and Performance Plan must have a rating of "Merit" or higher; and
- Step Pay Plan should be rated at the "Competent" level or higher.

**Time Commitment:** Classes will consist of classroom instruction, significant outside reading, plus assignments and group projects.

- **Participants should anticipate at least one hour of study time for each hour of class time.**
- Employees in Academy certificate programs will be required to meet California State University standards for attendance and to meet requirements for continuing education credit.
- *Division Chief, Section Head, and Contracts Management* participants who miss more than **12 hours** of instruction will be dropped from the program.
- *Fiscal Operations* participants who miss more than **8 hours** will be dropped from the program.

**Standards for Participation (Attachment A)** list the expectations for participants. It is essential that departments review workload requirements to ensure that selected participants meet all requirements to successfully complete the program.

**Cost** – These programs are funded by the Board of Supervisors through the Los Angeles County Training Academy. If your department is interested in funding additional slots, please contact us. If an employee is removed from the program, departments will be assessed a fee unless the slot can be backfilled prior to orientation.

Use the nomination form (**Attachment B**) to select participants. When we receive your nominations, we will contact your selected employees and obtain the required signatures from the employee and their manager. Please fax the nomination forms to the appropriate DHR program coordinator by **Monday, August 11, 2003**.

We appreciate your support of the Los Angeles County Training Academy. If you have questions, please call me at (213) 974-2406, or Lu Takeuchi, Senior Human Resources Manager, at (213) 738-2299. Potential participants should direct questions or accommodation requests to the program coordinator listed on each application.

MJH:TJH  
LT:GKM

Attachments

c: Each Supervisor  
Administrative Deputy/without attachments  
Academy Training Coordinator

## ACADEMY STANDARDS FOR PARTICIPATION

Participation in this program is voluntary, and will require considerable commitment from each attendee. Before agreeing to attend this program, each participant must review the following expectations and requirements.

### CLASS EXPECTATIONS OF PARTICIPANTS:

1. Participants will arrive promptly for class, team meetings, and other events.
2. Participants will complete all assigned readings, cases, instruments, etc., prior to class; participants will complete assignments on their own.
3. Participants will notify the instructor if a class will be missed; participants will be dropped from the program if
  - *Division Chief, Section Head or Contracts Management* participants miss more than **12 hours** of instruction.
  - *Fiscal Operations* participants miss more than **8 hours** of instruction.
4. Participants will make up any work missed due to an absence, as assigned by the instructor, including additional research assignments, etc. Participants who fail to complete the make-up assignment will not receive a certificate of completion from the Academy.
5. Participants will treat instructors and other participants as colleagues who have valuable knowledge and contribute to personal learning.
6. Participants will be open to new views and perspectives.
7. Participants will participate frankly in class discussions, be willing to share personal experiences and be honest with others.
8. Participants will treat all personal and work-related discussions as confidential.

### OTHER EXPECTATIONS OF PARTICIPANTS:

- While part of this program will be on County time, participants will be required to attend classes and complete course assignments on their own time as well.
- Participants accept the class schedule as published.
- Participants will also be expected to maintain their existing departmental work assignments while in the program.
- Participants will sign the "Permission to Release Information" form.

### ACKNOWLEDGEMENT OF ACCEPTANCE OF EXPECTATIONS:

I have read and understand the preceding expectations. My signature below indicates that I accept all the expectations as a participant in the identified Certificate Program.

\*\*\*\*\*To be completed at a later date\*\*\*\*\*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**DIVISION CHIEF NOMINATION FORM – Dept. Name**  
**California State University, Los Angeles – Fall 2003**  
**Tuesdays and Thursdays 4:00 p.m. to 8:00 p.m., Saturdays 8:00 a.m. to 5:00 p.m.**  
**September 9 to December 18**

Using the List of Qualified Applicants on the reverse side, please place your nominations for the **Division Chief Certificate Program** in the space provided below. Nominate up to x primary and x alternate participants.

Number of Allocated Slots: x

Primary Employee Name	Employee Number	Email	Work Phone

Alternate Employee Name	Employee Number	Email	Work Phone

\_\_\_\_\_  
*Signature of Manager*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
 Department Coordinator (Update if necessary)

\_\_\_\_\_  
 Phone #

Please fax this completed form to:

**Scott Orr, Program Coordinator**  
**Los Angeles County Training Academy**  
**Division Chief Certificate Program**  
**Fax Number: (213) 738-6061**

**NOMINATIONS ARE DUE NO LATER THAN MONDAY, AUGUST 11, 2003.**

**SECTION HEAD NOMINATION FORM – Dept. Name  
California State University, Dominguez Hills – Fall 2003**

**Mondays and Wednesdays 4:00 p.m. to 8:00 p.m., Saturdays 8:00 a.m. to 5:00 p.m.**

**September 8 – December 17**

Using the List of Qualified Applicants on the reverse side, please place your nominations for the **Section Head Certificate Program** in the space provided below. Nominate up to x primary and x alternate participants.

Number of Allocated Slots: x

Primary Employee Name	Employee Number	Email	Work Phone

Alternate Employee Name	Employee Number	Email	Work Phone

\_\_\_\_\_  
*Signature of Manager*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
Department Coordinator (Update if necessary)

\_\_\_\_\_  
Phone #

Please fax this completed form to:

**Gionne Mackay, Program Coordinator  
Los Angeles County Training Academy  
Section Head Certificate Program  
Fax Number: (213) 738-6061**

**NOMINATIONS ARE DUE NO LATER THAN MONDAY, AUGUST 11, 2003.**

**CONTRACTS MANAGEMENT NOMINATION FORM – Dept. Name**

**California State University, Dominguez Hills – Fall 2003**

**Tuesdays and Thursdays 4:00 p.m. to 8:00 p.m., Saturdays 8:00 a.m. to 5:00 p.m.**

**September 4 – December 18**

Using the List of Qualified Applicants on the reverse side, please place your nominations for the **Contracts Management Certificate Program** in the space provided below. Nominate up to x primary and x alternate participants.

Number of Allocated Slots: x

Primary Employee Name	Employee Number	Email	Work Phone

Alternate Employee Name	Employee Number	Email	Work Phone

\_\_\_\_\_  
*Signature of Manager*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
Department Coordinator (Update if necessary)

\_\_\_\_\_  
Phone #

Please fax this completed form to:

**Robin Suarez, Program Coordinator  
Los Angeles County Training Academy  
Contracts Management Certificate Program  
Fax Number: (213) 738-6061**

**NOMINATIONS ARE DUE NO LATER THAN MONDAY, AUGUST 11, 2003.**

**FISCAL OPERATIONS NOMINATION FORM – Dept. Name**  
**California State University, Los Angeles – Fall 2003**  
**Thursdays 8:30 a.m. to 12:30 p.m., Saturdays 8:00 a.m. to 5:00 p.m.**  
**September 25 – December 18**

Using the List of Qualified Applicants on the reverse side, please place your nominations for the **Fiscal Operations Certificate Program** in the space provided below. Nominate up to x primary and x alternate participants.

Number of Allocated Slots: x

Primary Employee Name	Employee Number	Email	Work Phone

Alternate Employee Name	Employee Number	Email	Work Phone

\_\_\_\_\_  
*Signature of Manager*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
 Department Coordinator (Update if necessary)

\_\_\_\_\_  
 Phone #

Please fax this completed form to:

**Gionne Mackay, Program Coordinator**  
**Los Angeles County Training Academy**  
**Fiscal Operations Certificate Program**  
**Fax Number: (213) 738-6061**

**NOMINATIONS ARE DUE NO LATER THAN MONDAY, AUGUST 11, 2003.**

# **CERTIFICATE PROGRAM:**

## **Qualified Applicant List**

<u>Dept.</u>	<u>Name</u>	<u>Preferred Location(s)</u>
100	Jane Doe	CSULA, CSUN
100	John Doe	Cal Poly, CSULA